

For Date: 10/13/2018 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-16446	1309	Phone - FIRE, WATER PROBLEM	SERVICES RENDERED	3	
Call Taker:		RIVT1 - RIVET-D8, TIMOTHY			
Location/Address:		[SA 950] FUNNY BONES PARTY SUPPLIES - 107 ELM ST			
Jurisdiction:		SALISBURY			
Fire Unit:		SALENG6-Pumper-*SALISBURY ENGINE 6			
		Disp-13:13:00 Enrt-13:13:02 Arvd-13:11:47 Clrd-13:14:09			
		InQrtsUnavl-13:14:09 InSrvce-13:14:09			
Narrative:		10/13/2018 1310 RIVET-D8, TIMOTHY			
		CANT SHUT WATER MAIN OFF			

For Date: 05/10/2018 - Thursday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-7411	2311	Initiated - PROPERTY CHECK	ALL IN GOOD ORDER	3	
Call Taker:		TULM - TULLERCASH-107, MICHAEL			
Primary Id:		TULM - TULLERCASH-107, MICHAEL			
Location/Address:		[SA 950] FUNNY BONES PARTY SUPPLIES - 107 ELM ST			
Jurisdiction:		SALISBURY			
Initiated By:		704 - TULLERCASH-107, MICHAEL			
Unit:		704 TULLERCASH-107, MICHAEL			
			Arvd-23:11:54	Clrd-23:14:26	

For Date: 11/01/2018 - Thursday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-17612	0807	Initiated - FIRE, INSPECTION/PERMI	SERVICES RENDERED	3	
Call Taker:		CARM - CARNES-D1, MONICA			
Location/Address:		[SA 950] FUNNY BONES PARTY SUPPLIES - 107 ELM ST			
Jurisdiction:		SALISBURY			
Fire Unit:		SALUTL1-Support-*SALISBURY UTILITY 1			
			Arvd-08:07:21 Clrd-08:28:28		
		InQrtsUnavl-09:18:40 InSrvce-08:28:29			
Call Changes:		CARM - CARNES-D1, MONICA 11/01/2018 0919	In Service Time		
		From-09:18:40			
		To-08:28:29			

For Date: 10/06/2018 - Saturday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-15983	0129	Initiated - PROPERTY CHECK	PROPERTY CHECK	3	
Call Taker:		TULM - TULLERCASH-107, MICHAEL			
Primary Id:		TULM - TULLERCASH-107, MICHAEL			
Location/Address:		[SA 950] NEW CONSTRUCTION - 107 ELM ST			
Jurisdiction:		SALISBURY			
Initiated By:		704 - TULLERCASH-107, MICHAEL			
Unit:		704 TULLERCASH-107, MICHAEL			
			Arvd-01:29:37 Clrd-01:31:30		

For Date: 07/13/2018 - Friday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-11121	1457	Other - 209A SERVICE	SERVED IN HAND	2	
Call Taker:		SLER - SLEPOY-D3, ROBERT			
Call Closed By:		RIVT1 - RIVET-D8, TIMOTHY 07/13/2018 1525			
Call Modified By:		RIVT1 - RIVET-D8, TIMOTHY			
Location/Address:		[SA 950] GREEN CACoon - 107 ELM ST			
Jurisdiction:		SALISBURY			
Unit:		704 SZYMKOWSKI-105, PATRICK			
		Disp-15:14:55	Arvd-15:14:59	Clrd-15:25:39	
Cleared By:		RIVT1 - RIVET-D8, TIMOTHY			
Narrative:		07/13/2018 1527 RIVET-D8, TIMOTHY			
		105 served him verbally over the phone			

For Date: 02/05/2018 - Monday

<u>Call Number</u>	<u>Time</u>	<u>Call Reason</u>	<u>Action</u>	<u>Priority</u>	<u>Duplicate</u>
18-2071	1056	911 - MOTOR VEHICLE CRASH	ACCIDENT REPORT PREPARED	2	
Call Taker:		CARM - CARNES-D1, MONICA			
Primary Id:		GOOC - GOODRICH-127, CRAIG			
Location/Address:		[SA 950] FUNNY BONES PARTY SUPPLIES - 107 ELM ST			
Jurisdiction:		SALISBURY			
Unit:		714 GOODRICH-127, CRAIG			
		Disp-10:57:54	Arvd-11:02:05	Clrd-11:06:01	
Vehicle Entered By:		02/05/2018 1106 CARM - CARNES-D1, MONICA			
Modified By:		02/05/2018 1107 CARM - CARNES-D1, MONICA			
Vehicle:		BLK 2004 FORD RANGER R15 Reg: PAN MA 338LS6 VIN: 1FTZR15EX4PA65183			
Operator:		SARGENT, LAWRENCE W @ 53 KENDELL LN - SALISBURY, MA 01952-1524			
		SSN: 019602460 DOB: 06/07/1963 Race: W Sex: M OLN: MA S10330528			
Owner:		SARGENT, LAWRENCE W @ 53 KENDELL LN - SALISBURY, MA 01952-1524			
		SSN: 019602460 DOB: 06/07/1963 Race: W Sex: M OLN: MA S10330528			
Insurance Co:		ALLSTATE INSURANCE			
Policy No:					
Refer To Accident:		<u>18-20-AC</u>			

Police Use Only			Commonwealth of Massachusetts				RMV Document Number			
Date of Crash 02/05/2018	Time of Crash 1056 24HR	City/Town SALISBURY	Motor Vehicle Crash Police Report			Number Vehicles 1	Number Injured 0	Speed Limit _____ Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: _____	
AT INTERSECTION:			< LOCATION >		NOT AT INTERSECTION:					
Route# _____ Direction _____ Name of Roadway/Street _____ At _____			Route# <u>107</u> Direction <u>E</u> Address # <u>ELM ST</u> Name of Roadway/Street _____ ____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ • _____ or _____ Mile Marker _____ Exit Number _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____ Also at Intersection with _____			____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Route# _____ Intersecting Roadway/Street _____							
Route# _____ Direction _____ Name of Intersecting Roadway/Street _____			____ Feet <u>N</u> <u>S</u> <u>E</u> <u>W</u> of _____ Landmark _____							
Please Select One of the Following: <input checked="" type="checkbox"/> Vehicle <u>1</u> #Occupants _____ <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped			Crash Report ID# <u>18-20-AC</u>							
License # _____ St <u>MA</u> DOB/Age _____ Sex <u>M</u> Lic. Class <u>D</u> <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator <u>SARGENT, LAWRENCE W</u> Address <u>53 KENDELL LN</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952-1524</u> Insurance Company <u>ALLSTATE INSURANCE</u>			Reg # <u>338LS6</u> Reg Type <u>PC</u> Reg State <u>MA</u> Veh Year <u>2004</u> Veh Make <u>FORD</u> Veh Config. <u>1</u> <u>21</u> Owner <u>SARGENT, LAWRENCE W</u> Address <u>53 KENDELL LN</u> City <u>SALISBURY</u> State <u>MA</u> Zip <u>01952-1524</u> Vehicle Action Prior to Crash <u>1</u> <u>22</u> Damaged Area Code: <u>8</u> <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>10</u> <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>10</u> <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>22</u> <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>0</u> <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>1</u> <u>33</u>							
Vehicle Travel Direction: <u>N</u> <u>S</u> <u>X</u> <u>W</u> Responding to Emergency? <u>2</u>										
Citation # (If Issued) _____										
Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____										
Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____										
Please fill out for operator and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator See Above			1 99 4 0 0 5 1							
Please Select One of the Following: <input type="checkbox"/> Vehicle <u>2</u> #Occupants _____ <input type="checkbox"/> Non-Motorist A Type <u>15</u> Action <u>16</u> Location <u>17</u> Condition <u>18</u> <input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped										
License # _____ St _____ DOB/Age _____ Sex _____ Lic. Class <u>19</u> <u>19</u> Lic. Restrictions <u>20</u> CDL _____ Operator _____ Address _____ City _____ State _____ Zip _____ Insurance Company _____ Vehicle Travel Direction: <u>N</u> <u>S</u> <u>E</u> <u>W</u> Responding to Emergency? _____ Citation # (If Issued) _____ Viol. 1: Ch/Sec/Sub _____ Viol. 2: Ch/Sec/Sub _____ Viol. 3: Ch/Sec/Sub _____ Viol. 4: Ch/Sec/Sub _____			Reg # _____ Reg Type _____ Reg State _____ Veh Year _____ Veh Make _____ Veh Config. <u>21</u> Owner _____ Address _____ City _____ State _____ Zip _____ Vehicle Action Prior to Crash <u>22</u> Damaged Area Code: <u>27</u> <u>27</u> <u>27</u> Event Sequence <u>23</u> <u>23</u> <u>23</u> <u>23</u> Test Status: <u>28</u> Most Harmful Event <u>24</u> Type of Test: <u>29</u> Driver Contributing Code <u>25</u> <u>25</u> BAC Test Result: <u>30</u> Driver Distracted by <u>26</u> Susp. Alcohol: <u>31</u> Susp. Drug: <u>32</u> Towed from scene? <u>33</u>							
Please fill out for operator/non-motorist and all occupants involved										
Name (Last First Middle) Address DOB/Age Sex 34 Seat Pos. 35 Safety System 36 Airbag Status 37 Eject Code 38 Trap Code 39 Injury Status 40 Transp. Code Medical Facility										
Operator/Non-Motorist See Above			1							

Crash Diagram:

ie: → 1 → 2 → ○ → ○

Elm St.

V1

Gravel area

Railroad Tie - outlining gravel

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

Indicate North by Arrow

Crash Narrative:

V1, traveling east on Elm St., lost power due to a malfunctioning alternator. Operator was unable to keep vehicle from veering off from roadway and ran over a railroad tie and small stone wall. Operator was able to replace stones and tie that were not damaged, just moved out of place.

Vehicle was towed due to inoperability, no injuries reported.

Witnesses:

Name (Last,First,Middle)	Address	Phone #	Statement

Property Damage:

Owner (Last,First,Middle)	Address	Phone #	41-Type	Description of Damaged Property
FUNNY BONES	107 ELM ST SALISBURY MA 01952		97	RAILROAD TIE- NO DAMAGE, JUST MOVED

Truck and Bus Information:

Registration # _____ (From Vehicle Section)

Carrier Name _____ Bus Use 42

Address _____ City _____ St _____ Zip _____

US DOT #: _____ State Number _____ Issuing State _____ MC/MX/ICC #: _____

Interstate 43 Cargo Body Type Code 44 GVWR/GCWR 45

Trailer Reg #: _____ Reg Type _____ Reg State _____ Reg Year _____ Trailer Length 46

Hazmat Information:

Placard 47 Material 1 digit # 48 Material Name _____ Material 4 digit # _____ Release code 49

PATROLMAN CRAIG GOODRICH-127

Police Officer Name (Please Print)

Signature

GOOC

ID/Badge #

Salisbury Police Department

Department

Precinct/Barracks

02/10/2018

Date